



Mental Health and Disability Services Redesign 2011

Core Services and Programs

Source: Adult Mental Health Workgroup

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This table describes high level domains, an array of core services necessary in a system, and the core programs with an evidence-base that can deliver the services necessary to yield positive outcomes. Due to the relevance of some services and programs in each of the domains, several apply to more than one domain.

Core Service Domain	Core Services	Core Program/Service	Currently in System	Statewide
Crisis Prevention and Intervention	Inpatient treatment; long and short-term	Psychiatric Emergency Screening Program with ¹ :	Y ⁵	N
	Evaluation and stabilization			
	24 hour access	- 24 hour hotline	Y	Y
	24 hour hotline/warm line	- Mobile Response ²	Y	N
	24 hour mobile response	- 23 hour crisis stabilization beds	Y ⁶	N
	Sub-acute/Crisis Respite/Residential		Y ⁷	N
	23 hour crisis stabilization beds	Crisis Residential ³	Y	N
	Diversion services	Respite	N	N
	Information and Referral	24 hour Warm Line	Y	N
	Linkages back to services; transition services	Inpatient Treatment: Local (short-term) ⁴	Y	Y
	Family Support	Inpatient Treatment: MHI (longer term)		
	Peer Support			
	Advocacy			

¹ PES operated within an Emergency Department to work with doctors in the civil commitment process. 24 hotline may be operated out of the ED, Regionally, or locally through CMHC or other provider. To Be Discussed.

² Mobile Screening is a mechanism to divert from hospitalization and/or to facilitate civil commitment process with PES. May be operated from an ED or local provider such as CMHC or other.

³ Crisis Residential to be operated within each Region.

⁴ Inpatient Care provided at acute care hospitals. Beds should be available in each Region.

⁵ Programs in this category need to be defined.

⁶ Magellan funds.

⁷ Through waivers, limited access.

Mental Health Treatment Services	Information and Referral	Outpatient Services	Y	Y
	Individual, Group and Family	- Individual	Y	Y
	Counseling/Psychotherapy	- Group	Y	Y
	Medication Management	- Family	Y	Y
	Structured day treatment	Medication Management	Y	Y
	Assessment and Evaluation	Partial Hospitalization	Y	N
	Person-centered planning	Partial Care/Day Treatment	Y	N
	Risk Assessment	Clubhouse	Y	N
	Co-occurring Disorders treatment	Tele-psychiatry	Y	N
	Tele-psychiatry	Pharmacy Services/Coverage	Y	N
	Cognitive Behavioral Therapy			
	Motivational Interviewing			
	Psychosocial Rehabilitation			
	Integrated Dual Disorders			
	Treatment/Relapse Prevention			
	Trauma-informed Care			
	Psychological testing			
	Substance Abuse Treatment including detoxification and medication assisted treatment			
	Medication			
	Intensive Psychiatric Rehabilitation			
Community Living	Information and Referral	Residential Services ⁸	Y	N
	Assessment, evaluation and person-centered planning	- Sub-acute	N	N
	Residential support services	- Supportive Housing	Y	N
	In-home support services	- Supportive Housing with up to 24 hour support	Y	N
	Housing or Rental Assistance	Community Support Services ⁹	Y	Y
	Transportation	- Case Management	Y	Y
	Care coordination	- Community Support Services (CSS)	Y	Y
	Consumer Empowerment	- Supportive Community Living (SCL)	Y	Y
	Advocacy	Projects for Assistance in Transition from Homelessness (PATH)	Y	N
	Service System Navigation	Peer Delivered Services: ¹⁰	Y	N
	Personal Care Services	- Self-help/Drop-in Centers	Y	N
	Homemaker Services	- Peer Navigators	N	N
	Nursing services	- Peer Wellness Coaches	N	N
	Transition services	- Recovery Support Coaches	N	N
	Skill building	Assertive Community Treatment	Y	N
	Assistance with benefits/entitlements			
	Socialization/Recreation			
	Relapse prevention			

⁸ As a Core Service, Residential programs should be consistent with Supportive Housing principles – meaning housing is not contingent upon compliance with medication or other treatment. Leases should be considered. RCF are not considered a Core Service.

⁹ Community Support Services encompasses Case Management, CSS, SCL and Supportive Housing. Services can be provided by an individual worker or from a team approach.

¹⁰ Peer workers should be hired in all Core Programs/Services.

Health and Primary Care Services	Information and Referral Integrated treatment between mental health and primary health Care coordination General Prevention and Health Screenings Physical Health promotion Access to appropriate clinical services Medication Management Dental services Advocacy Tele-health	Health Homes ¹³ Medical Homes Psychiatric On-call Consultants for use by Primary Care Physicians ¹⁴	Y Y N	N N N
Justice Involved Services	Jail diversion at multiple intercepts Re-entry services Linkage and referral to mental health system Advocacy Care coordination Assistance with benefits/entitlements Service System Navigation	Crisis Intervention Teams (CIT) Jail Diversion Programs Re-entry Programs	N Y Y	N N N

¹³ Health Homes: Health Home model may be applied throughout all of the Domains and Core Services, particularly for individuals who most frequently use acute care mental health and primary care services (i.e. top 5% of users).

¹⁴ Statewide or Regional program can be established to provide Primary Care Physicians access to consulting services from Psychiatrists.
Iowa Department of Human Services